

FILED MAY 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18441
STATE FILE NUMBER
4768

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ✓			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 1568 Laclede Ave.				Length of stay in lb Life 919		d. STREET ADDRESS (If outside, give location) 1568 Laclede Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Leo Bergfeld				4. DATE OF DEATH Month Day Year May 20, 1957			
5. SEX M. W.		6. COLOR OR RACE W.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 22, 1880	
9. AGE (In years last birthday) 77		10. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Henry Bergfeld				14. MOTHER'S MAIDEN NAME Antoinette Having			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Josephine Bergfeld, 1568 Laclede Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis DUE TO (b) Virus Influenza DUE TO (c) Hypertensive Cardiac Vascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Myocarditis - syn.							
INTERVAL BETWEEN ONSET AND DEATH 1 day 4 days 2 yrs							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) - 492X			
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) - 492X			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 5-3-55 to 5-20-57 and last saw her alive on 5-20-57 Death occurred at 12.30 Pm. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) A. J. Raen Doner M.D.				22b. ADDRESS 4390 Chest Pine Bl.			
22c. DATE SIGNED 5-21-57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 23, 1957		23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnelly 3840 Lindell Blvd.				25. DATE RECD. BY LOCAL REG. MAY 21 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith no 2483	

11-2 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student-Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Francis Williams*

Licensed Embalmer No. *33*

P. O. Address *38402*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.